

2012-04-17 13:05

DC0547PM13501

8652125642 &gt;&gt;

P 27/27

PRINTED: 04/12/2012  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN6702	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED  04/09/2012
NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-6-6-.08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.		N 831		
	<p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the overall nursing home environment for the safe and well being of both residents and staff.</p> <p>The findings included:</p> <p>On 4/9/12 at 11:15 AM, observation within the shower room by room 23 and 24 revealed a missing ceiling tile.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 4/9/12.</p>			<p>Ceiling tile in shower room has been installed. Maintenance Director will make compliance rounds monthly.</p>	4/09/2012

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

TITLE

(X6) DATE

Administrator

4-25-12

0009

4WMD21

If continuation sheet 1 of 1